

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

A CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1		1			
2						
3						
4						
5	1		1			
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TOTAL	2		2			
TOTAL	7		25			
TOTAL	9		27			

	INO.	DEP.	INO.	DEP.	INO.	DEP.
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